

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>C.H.</i>		<i>09/05-01</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>32</i>	<i>9/13</i>
FORMALITY REVIEW		<i>[Signature]</i>	<i>10/04/01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- ✓ Rejected
- ⊖ Allowed
- (Through numeral)... Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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10/04